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## Atlanta VA Health Care System

1670 Clairmont Rd., MHSL (116)  
Decatur, GA 30033

[http://www.atlanta.va.gov/careers/Psychology\\_Training.asp](http://www.atlanta.va.gov/careers/Psychology_Training.asp)

# Psychology Postdoctoral Residency Program 2021 Training Brochure



### Director of Psychology Training

Andrea B. Burns, Ph.D.  
(770) 492-2748, ext. 424234  
[Andrea.Burns@va.gov](mailto:Andrea.Burns@va.gov)

**Application Deadline: January 1, 2022  
11:59pm Eastern**

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## **General Information**

The Atlanta VA Health Care System has four funded postdoctoral resident positions in Health Service Psychology for the 2021-2022 training year. All positions are generalist in nature, with approximately 50-80% of time spent in an area of focus and the remaining time spent in generalist clinical activities including general/long-term psychotherapy, optional elective rotations, psychological assessment, supervision training, and didactics. Residents choose one of three available focus areas: Health Psychology, the General Mental Health clinic, or Women Veterans. The residency is a one-year, full-time training program with an expected workload of approximately 40 hours per week of direct service delivery and other training activities. Residents successfully completing the program will meet the requirement for the Post-Doctoral Supervised Work Experience needed for professional licensure as a Psychologist in the State of Georgia.

## **COVID-19 Response and Adaptations**

During the 2020-2021 training year, under the allowances granted by the VA Office of Academic Affiliations in response to the national emergency declared concerning the COVID-19 pandemic, postdoctoral residents at the Atlanta VA Healthcare System were issued VA laptops during orientation and were granted telework agreements and remote access capability allowing them to participate in many if not all training activities from home. Residents have also had the option to work on site at the VA Medical Center or other VA clinic locations or to choose a hybrid option with a mix of on-site and telework days. Certain elective rotations (e.g., the Psychiatric Inpatient unit, Palliative Care, the Substance Use Disorders Domiciliary, and the Medical Inpatient Consult-Liaison service) have required trainees to report in-person and conduct face-to-face patient care throughout the pandemic. Residents have had the choice of whether to select those rotations as a part of their training plan. All residents have had access to COVID-19 vaccinations administered to Atlanta VA employees. Those choosing to report on site have been provided with PPE as indicated for their training area(s). Most supervision and all didactics have been conducted remotely using video conferencing platforms such as Microsoft Teams and Cisco WebEx. Interviews of applicants to the postdoctoral residency program were conducted in an all-virtual format in February 2021.

All training activities have persisted throughout the pandemic. In-person psychological assessment resumed in the fall of 2020, with procedures established to ensure compliance with CDC and VA safety guidelines. All clinical focus areas and elective rotations continued to operate. Atlanta VA Mental Health had been using VA telehealth-to-home technologies for years prior to the COVID-19 pandemic and was effective at transitioning patients to that modality in larger numbers. Veterans have generally been very receptive to the accessibility and convenience of virtual mental health care.

The one notable casualty of the pandemic for the training program has been the permanent office space previously allocated to postdoctoral residents at the VA Medical Center. Due to a planned renovation the residents were relocated from our long-held offices in January 2020 to a temporary space at the VAMC that was subsequently reallocated to other programs in urgent need during the period in 2020 when all psychology trainees and most mental health staff were fully remote. For the 2020-2021 training year the residency has had three offices at the VA Medical Center allocated for shared use with the internship program; thanks to the numbers of residents and interns teleworking at least part-time and working out of various VA clinics when reporting in person, space has always been available for those choosing to work on site. As we move forward toward the 2021-2022 training year new space plans are being finalized for the training program and the Mental Health Service Line in general as we adapt to a post-COVID world. We will continue to provide updates on our space allocations as they become available. However, the Service Line has guaranteed adequate space for the training program in the space plan.

While conditions continue to evolve and it is difficult to make accurate long-range predictions regarding the pandemic, the Atlanta VA HCS is currently moving forward with a gradual return to on-site work for staff and the option of face-to-face care for veterans. We anticipate that our 2021-2022 resident cohort will work on site full-time from the start of the training year. When the national emergency is declared to

have ended, allowances for telework will expire per OAA and trainees will be required to report to work in person every day as was required prior to the pandemic. Veterans will continue to have the option to participate in treatment via clinical video telehealth. The health and safety of our psychology trainees, along with the competent care of our nation's veterans, is of utmost importance to us. We will continue to provide high quality training in health service psychology while simultaneously keeping our trainees' health and wellness at the forefront. Applicants should feel free to contact us with any questions.

## **Accreditation Status**

The psychology postdoctoral residency at the Atlanta VA Health Care System has been fully accredited by the Commission on Accreditation of the American Psychological Association since 2014. Our next site visit was slated for 2021; however, the COVID-19 pandemic resulted in a temporary cessation of site visits in 2020 that has caused a substantial backlog. We have been advised by APA that our next site visit has accordingly been postponed to a projected timeline of September 2022 – March 2023. Our accreditation status is not affected by this cycle shift. The program has also been a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC) since 2012.

Questions regarding the accreditation status of our program may be directed to:

American Psychological Association  
Office of Program Consultation and Accreditation  
750 First St., NE  
Washington, DC 20002-4242  
Telephone: (202) 336-5979  
Email: [apaaccred@apa.org](mailto:apaaccred@apa.org)

## **Training Year and Required Hours**

The training year for the psychology postdoctoral residency at the Atlanta VA Health Care System begins in August and runs for 52 consecutive weeks (1 full year). VA pay periods officially run from Sunday to Saturday. The official start date for the 2021-2022 training year is therefore Sunday, August 15, 2021. Residents will report for duty on Monday, August 16, 2021. The final workday of the training year will be Friday, August 12, 2022. VA psychology postdoctoral residencies are funded for 2,080 hours. Residents are accordingly expected to work 40 hours per week for a full year. Credit is given for federal holidays and use of accrued leave. **The standard tour of duty for a psychology postdoctoral resident at the Atlanta VA Health Care System is Monday through Friday, 8:00am to 4:30pm.** Residents should expect to periodically work slightly longer days in order to complete administrative tasks in a timely fashion. Small adjustments to the standard tour hours may be possible with permission of the Director(s) of Training.

## **Postdoctoral Residency Admissions, Support, and Initial Placement Data**

### **POST-DOCTORAL RESIDENCY PROGRAM TABLES**

**Date Program Tables are updated: June 26, 2021**

### **Program Disclosures**

As articulated in Standard I.B.3, programs may have "admission and employment policies that directly relate to affiliation or purpose" that may be faith-based or secular in nature. However, such policies and practices must be disclosed to the public. Therefore, programs are asked to respond to the following question.

<p>Does the program or institution require students, trainees, and/or staff (faculty) to comply with specific policies or practices related to the institution's affiliation or purpose? Such policies or practices may include, but are not limited to, admissions, hiring, retention policies, and/or requirements for completion that express mission and values.</p>	<p>___ Yes  <b><u>X</u></b> No</p>
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### Postdoctoral Program Admissions

*Briefly describe in narrative form important information to assist potential applicants in assessing their likely fit with your program. This description must be consistent with the program's policies on resident selection and practicum and academic preparation requirements:*

All submissions received from applicants **meeting the eligibility criteria for VA training outlined below** will receive a full review. Best fit qualities include high quality generalist doctoral and internship training, as well as interest and experience consistent with at least one of the available focus areas. Prior VA training is a plus, but not a requirement. It is expected that most applicants will still be on internship at the time of application, and that some will still be working on other graduate program requirements (e.g., dissertation); however, **all requirements for the doctoral degree, including internship and dissertation, MUST be completed successfully prior to the start of the residency. If the dissertation has not been defended by July 1, 2022, we will consider the requirements for an on-time start of the residency to be unmet and the position will not be held, no exceptions.** Selection for the residency is considered provisional until all requirements for the doctoral degree are met. Offers will be revoked if the degree requirements are not completed in a timely fashion (including the time required for onboarding through Human Resources prior to the start date).

**Applicants must submit their materials online via APPIC's centralized application service (APPA-CAS). Completed applications must include:**

1. A **cover letter** that describes your postdoctoral training goals, perceived fit with our program, internship completion date, and clear identification of the focus area(s) to which you are applying. In your letter, please describe your previous educational and clinical experience relevant to the training offered in our program, your assessment of your training needs, and your general career goals. **Please review our complete brochure thoroughly before applying.**
2. A current **curriculum vitae**.
3. An **official transcript** from your doctoral program.
4. **Three (3) letters of recommendation** from supervisors who are directly familiar with your clinical work. **At least one letter must be from an internship supervisor.**
5. A letter from the **Chair of your Dissertation Committee** describing the progress of your dissertation and anticipated defense date (if not yet complete) or confirming successful completion. If your Chair is also a clinical supervisor providing one of your three letters of recommendation, the Chair may address your dissertation status in the same letter. A separate letter on that subject is not required under that circumstance.
6. A short essay (not to exceed one page) describing your training and experience working with diverse patient populations, particularly populations whose identity variables differ from your own. Your discussion should clearly convey the manner in which multicultural/diversity issues influence your clinical case conceptualization and practice. Please share any other

professional training and experience you have in the area of Diversity, Equity, and Inclusion, and the goals you have for your continued growth and development in this area.

**The Atlanta VA is committed to the recruitment and training of diverse postdoctoral residents. Consistent with the APA Commission on Accreditation, we define cultural and individual differences and diversity as including, but not limited to, age, disability, ethnicity, gender, gender identity, language, national origin, race, religion, culture, sexual orientation, and socioeconomic status. Applications from qualified minority/diverse individuals are encouraged. Applicants who wish to be considered in part on the basis of a diversity/multicultural variable should indicate their interest in the cover letter of their application.**

**Deadlines: Applications must be received online in the APPA-CAS system by 11:59pm EST on January 1, 2022 to receive consideration.** The Director(s) of Training, members of the Core Postdoctoral Training Committee, and current residents will review all submitted applications in detail and will select candidates for interviews. Interviews will be conducted in early February 2022. All applicants will be notified of their interview status by e-mail at the address provided in the APPA-CAS system at least two weeks prior to the interview date. It is the responsibility of the applicant to ensure that correct and up-to-date contact information is supplied in the online application. Virtual interviews may be offered. Applicants who are invited to interview will be informed of any and all interview formats available at the time of notification.

The VA Office of Academic Affiliations requires that all VA postdoctoral training programs abide by the APPIC Postdoctoral Selection Guidelines. Accordingly, we will notify selected applicants on the recommended Uniform Notification Date. That date has not yet been announced for 2022 but will likely fall on or around Monday, February 21, 2022. We will utilize the reciprocal offer option prior to that date if a top-ranked applicant receives a bona fide offer from another postdoctoral training program. Applicants who would like to request a reciprocal offer prior to the UND should contact Dr. Burns via email. Per APPIC postdoc selection guidelines, applicants who receive regular, non-reciprocal offers from the Atlanta VA on the UND will be allowed to hold offers for a period of up to 2 hours before accepting or declining. Applicants will be notified as soon as they are no longer under consideration and when all positions have been filled.

**For questions about the application process or the training program please contact the Director of Training at [andrea.burns@va.gov](mailto:andrea.burns@va.gov).**

Describe any other required minimum criteria used to screen applicants:

There are several important eligibility requirements for participating in Psychology Training in the VA. Applicants are strongly encouraged to review the document linked here prior to applying. The document provides specific information regarding eligibility requirements and information regarding the process of being appointed to a VA position following the selection process.

**Link to eligibility requirements:** [https://www.va.gov/OAA/TQCVL/TQCVL\\_HPTInstructions\\_V1.pdf](https://www.va.gov/OAA/TQCVL/TQCVL_HPTInstructions_V1.pdf)

Postdoctoral fellowship applicants also must meet the following criteria to be considered for any VA Psychology Postdoctoral Program:

1. Have received a doctorate from an APA or CPA accredited graduate program in Clinical, Counseling, or Combined Psychology or PCSAS accredited Clinical Science program. Persons with a doctorate in another area of psychology who meet the APA or CPA criteria for respecialization training in Clinical, Counseling, or Combined Psychology are also eligible.
2. Have completed an internship program accredited by APA or CPA or have completed a VA-sponsored internship. In lieu of having the doctoral degree conferred, it is acceptable to have

the Director of Clinical Training verify that ALL degree requirements for the completion of the degree have been completed. This verification letter must be on the University's letterhead. The verification that all degree requirements have been met is meant to denote that there are no additional tasks for the student to complete prior to the degree being conferred (e.g., the student has completed any final revision that must be made to the dissertation and the dissertation has been accepted by the graduate program and graduate school).

### Financial and Other Benefit Support for the Upcoming Training Year:

Annual Stipend/Salary for Full-time Residents:	<b>\$48,815</b>
Annual Stipend/Salary for Half-time Residents:	n/a
Program provides access to medical insurance for resident?	<b>Yes</b>
If access to medical insurance is provided:	
Trainee contribution to cost required?	<b>Yes</b>
Coverage of family member(s) available?	<b>Yes</b>
Coverage of legally married partner available?	<b>Yes</b>
Coverage of domestic partner available?	<b>No</b>
Hours of Annual Paid Personal Time Off (PTO and/or Vacation):	<b>104 (accrued)</b>
Hours of Annual Paid Sick Leave:	<b>104 (accrued)</b>
In the event of medical conditions and/or family needs that require extended leave, does the program allow reasonable unpaid leave to interns/residents in excess of personal time off and sick leave?	<b>Yes</b>
Other Benefits: Federal holidays. Optional dental/vision and life insurance. Paid leave for professional development (e.g., dissertation defense). See also: <a href="https://www.psychologytraining.va.gov/benefits.asp">https://www.psychologytraining.va.gov/benefits.asp</a>	

### Initial Post-Residency Positions:

2017-2020		
Total # of residents who were in the 3 cohorts	11	
Total # of residents who remain in training in the residency program	0	
	PD	EP
Community mental health center	0	0
Federally qualified health center	0	0
Independent primary care facility/clinic	0	0
University counseling center	0	0
Veterans Affairs medical center	0	10
Military health center	0	1
Academic health center	0	0
Other medical center or hospital	0	0
Psychiatric hospital	0	0
Academic university/department	0	0
Community college or other teaching setting	0	0
Independent research institution	0	0
Correctional facility	0	0
School district/system	0	0
Independent practice setting	0	0
Not currently employed	0	0



Changed to another field	0	0
Other	0	0
Unknown	0	0

Note: “PD” = Postdoctoral residency position. “EP” = Employed Position.

## Diversity Statement

The Atlanta VA Health Care System serves veterans who represent a wide variety of diversity dimensions including, but not limited to, gender, race, ethnicity, sexual orientation, physical ability, regional affiliation, age, and religious/spiritual orientation. The Atlanta VA psychology postdoctoral residency program is deeply committed to the appreciation of diversity and the development of multicultural competence. During the training year, trainees develop awareness, knowledge, and skills to enhance multicultural competence/ cultural humility through a variety of experiences. These include diversity-focused presentations, readings, and learning activities; discussions with supervisors, peers, and other clinical staff; and direct provision of services to veterans from diverse backgrounds. The overall goal of diversity-related training activities is the promotion of social justice and multicultural competence/cultural humility within the mental health profession and society as a whole.

The mission statement of the **Diversity Education Committee for Psychology Training (DEC-PT)** is as follows: The DEC-PT functions as a subcommittee of the Extended Training Committee to assist psychology trainees in developing multicultural competence/cultural humility, appreciating diversity in all its forms, and promoting social justice. Within its roles with the psychology internship and postdoctoral training programs, the DEC-PT seeks to cultivate an environment that supports open and respectful dialogue, exchange of ideas, and self-reflection.

The DEC-PT is comprised of Atlanta VA psychologists on the training staff who are invested in helping to promote trainees’ multicultural competence and cultural humility for working with a highly diverse patient population and to explore how, as mental health professionals, our individual differences, worldviews, biases, theoretical frameworks, and life experiences affect our clinical and professional work. In conjunction with the Core Postdoc Training Committee, the DEC-PT facilitates the Multicultural Lunch and Learn series, the Multicultural Supervision and Consultation seminar series for postdoctoral residents, and the elective rotation in Diversity. See the “Didactics” section for descriptions of all educational activities.

## Atlanta VA Information

The Atlanta VA Health Care System (VAHCS) is part of the VA Southeast Network (VISN 7), which includes facilities in Georgia, Alabama and South Carolina. The Atlanta VA Medical Center (VAMC), a Joint Commission-designated medical facility, sits on 26 acres in Decatur, GA – just minutes from downtown Atlanta. The main medical center is a level 1A tertiary care facility providing patient-centered healthcare via an array of comprehensive medical, surgical, geriatric specialty services, as well as state-of-the-art diagnostic testing throughout 14 sites of care. With 466 inpatient beds, including a 120-bed Community Living Center, a 40-bed domiciliary, and a 21-bed Residential Treatment Program, the Atlanta VAMC is uniquely positioned to serve the healthcare needs of more than 130,000 enrolled veterans living in 50 counties across northeast Georgia. The Medical Center, also a teaching hospital, provides hands-on and state-of-the-art technology, education, and research to residents in collaboration with Emory University School of Medicine and Morehouse School of Medicine.

## Psychology Training Setting

Psychology training is conducted primarily within the context of the Mental Health Service Line (MHSL), a multidisciplinary department including professionals from psychology, psychiatry, and nursing. The mission of the MHSL is patient care, training, and research. There are currently approximately 120 full-



time psychologists on staff at the Atlanta VA Health Care System. Approximately half of the staff psychologists are appointed to the Extended Training Committee, comprising both the core training staff and ancillary supervisors. These psychologists are distributed among the various treatment teams within the MHSL. These teams include the Mental Health Outpatient Clinic; Community Based Outpatient Clinics; Substance Abuse Treatment Program; Health Psychology; PTSD Clinical Team, DBT Program; Geropsychiatry; Substance Use Disorders Domiciliary (SUD DOM); Primary Care Mental Health – Integration; Inpatient Psychiatry; Neuropsychology; and the Mental Health Front Door. A few psychologists on the Training Committee are also embedded in other Service Lines within the Health Care System, including medical specialty clinics (e.g., Sleep).

Psychology training activities may take place in any of these settings, some of which are located at the main medical center and others of which are located at satellite clinics between 4 and 15 miles away from the medical center. Residents choosing to participate in rotations based at offsite locations spend full days at those locations and are not expected to travel between sites in the course of a business day.

In addition to the psychology postdoctoral residency, the Atlanta VA offers an APA-accredited psychology doctoral internship program, as well as advanced practicum training for local psychology doctoral students from programs including Emory University, Georgia State University, Mercer University, Auburn University, and the University of Georgia.

### Patient Population

While the VA patient population is predominantly adult male, there are ample opportunities for clinical work with women and occasionally with married couples and families. Residents work with patients who differ in race, socioeconomic status, sexual orientation, gender identity, physical ability, education, and degree of psychopathology among numerous other diversity variables. Psychological services are provided to veterans receiving medical, surgical, and psychiatric care in both inpatient and outpatient settings. Among the mental health patients, residents encounter a wide range of psychopathology including depression, anxiety, substance abuse, PTSD, schizophrenia, bipolar disorder, and personality disorders. In the area of medicine and surgery, there are opportunities to work with conditions such as neurodegenerative disorders and other neurological disorders, chronic pain, addictions, sexual dysfunction, smoking cessation, cardiac rehabilitation, palliative care, geriatrics, and HIV/AIDS.

See below for the 2020 patient population demographics for the Atlanta VA:

#### 2020 MHSL Demographic Data: 35,684 uniques

Age	%
<25	0.96%
25-34	12.75%
35-44	17.76%
45-54	19.85%
55-64	23.77%
65-74	18.89%
75-84	5.01%
85+	1.00%

Gender	
Female	23.22%
Male	76.78%
Race	
American Indian or Alaska Native (s)	0.73%
Asian (s)	0.64%
Black or African American (s)	63.50%
Declined to Answer	3.01%
Native Hawaiian or Other Pacific Islander	0.66%
Unknown by Patient (s)	1.04%
White (s)	30.61%
Unanswered	1.73%

## Local Area Information

The metropolitan Atlanta area has a growing population of more than 6 million, is a major convention center, and hosts major league sports franchises in football, soccer, baseball, and basketball. Atlanta is internationally known for its Symphony Orchestra, the Carter Center, and the Martin Luther King Center. It is also the home city of CNN, Coca-Cola, Delta Airlines, and the Home Depot, among other major corporations. Atlanta hosted the 2019 Super Bowl in the new Mercedes-Benz stadium, the third time the city has hosted that event. Atlanta hosted the Olympic Games in 1996 and has hosted the NBA All-Star Game, Major League Baseball's All-Star Game, and the NCAA Final Four. In recent years, Atlanta has developed a reputation as the "Hollywood of the South" thanks to the burgeoning presence of the television and film industry. Multiple major motion pictures and TV shows are filmed locally, including Netflix's "Stranger Things," and "Ozark," AMC's "The Walking Dead," installments of the "Hunger Games" and "Avengers" movie franchises, and the productions of Tyler Perry Studios. The city is widely known as a destination city for its food, music, history, and cultural significance.

The Atlanta area is rich in resources for medical research and treatment. Close to the VA are Emory University, the Centers for Disease Control, Children's Healthcare of Atlanta, and other clinical and educational facilities. Professional seminars and workshops are offered year-round in the private sector and may offer reduced tuition fees to trainees.

## Facility and Training Resources

**Compliance with ADA** – Our facility complies with VA Handbook 5975.1, "Processing Requests for Reasonable Accommodation from Employees and Applicants with Disabilities," which states that VA shall provide reasonable accommodations (Section 501 of the Rehabilitation Act) to individuals with disabilities to allow them to fully participate in the application process, perform essential job functions, and enjoy equal benefits and privileges of employment, in accordance with all applicable laws, regulations, and VA policies, unless to do so would cause a direct threat to health and safety or undue hardship to the operation of the unit. Reasonable accommodation requests are processed in accordance with the procedures contained in the Handbook, which is provided to residents during orientation at the start of the

training year. The Director(s) of Training act as advocates for psychology trainees in following the procedures needed to request and obtain reasonable accommodations by working with the Local Reasonable Accommodations Coordinator for access to and use of the built environment, transportation, communication, medical equipment, and information technology. All new buildings have been constructed to comply with the VA Barrier Free Design Standard, which is consistent with ADA Standards (see Appendix I.B.5.1.2); in addition, all existing buildings have been retrofitted and upgraded to be ADA-compliant.

**Training Resources** – Residents have full access to the same level of clerical and technical support as staff psychologists. They are provided computers that have full access to the hospital network, Microsoft Office, and access to the Internet. Printers and secure fax machines are readily available in all treatment areas of the hospital and satellite clinics. Support staff are available to assist residents in scheduling appointments, administrative tasks, coordination of multimedia equipment, and negotiating the Health Care System's bureaucracy. Residents have access to technical support for their computers and telephones through the Information Technology Service, a representative of which works within the Mental Health Service Line (MHSL) and is available by phone or email. Additionally, the training program receives administrative support from a designated Program Support Assistant, who provides assistance with trainee onboarding, supplies, equipment requests, leave entry, and out-processing at the end of the training year.

The VA network has a number of psychological tests available to be computer administered. In addition to this inventory, the psychology training program has an extensive bank of psychological tests and materials. Residents are also able to use the Medical Center's library, which provides them with access to computer-based resources, a good variety of in-house materials, and almost unlimited access to materials available through affiliation with other libraries. Professional journals are available online via a link with the Emory University Library. Multimedia equipment, including video and audio machinery, can be accessed through the Medical Media Service.

As noted above the primary work area for residents is currently being re-assessed due to post-COVID changes in space allocations within the Mental Health Service Line. Consistent with accreditation standards all residents are guaranteed access to space equipped with computer workstations and phones for each trainee, as well as locked cabinets to secure sensitive information and personal belongings. Individual offices are available for patient care. Additional office space is available on clinical rotations for residents to use on rotation days. While space is always in high demand, residents are always provided with sufficient clinical and administrative space. Conference rooms and group therapy rooms throughout the Medical Center are used for group sessions, training program didactics, and group supervision.

## **Program Structure**

### **Allocation of Time**

Residents are expected to spend at least 50% of their time (minimum 2.5 days per week) in their identified focus area. Residents choosing to participate in an elective rotation may spend up to 1 day per week (8 hours) engaged in that experience. Residents not participating in elective rotations will spend that time in the focus area. Remaining time is dedicated to general/long-term therapy cases (approximately 3 hours per week), psychological assessment cases, supervision training, clinical supervision, and didactics.

### **Orientation**

Residents begin the training year with several days of orientation to the VA, the Medical Center and any other relevant training locations, and the training program. Residents meet with the Director(s) of Training and with supervisors from their identified focus area and from electives of interest to review the training opportunities available with each. Residents also meet with relevant Mental Health Service Line

leadership representatives and with members of the Diversity Education Committee for Psychology Training (DEC-PT). This process allows time for residents to begin to develop familiarity with the Health Care System, clinical activities, record keeping, personnel issues, and procedures specific to the Mental Health Service Line. Orientation week also includes the Foundations of Culturally Informed Treatment seminar, presented by members of the DEC-PT.

### **Training Plans and Evaluation**

During the summer prior to the training year, incoming postdoctoral residents complete a self-assessment of their relative strengths and growth areas with respect to the required professional competencies described below, and provide the Director(s) of Training with information regarding their personal goals and preferences for the training year. During orientation, the Director(s) of Training meet individually with each resident to develop a personalized training plan for the year. The goal of the training plan is to identify needed and desired learning activities to round out the resident's general training as well as training in the area of focus, to further develop fundamental clinical competencies, to address deficits in skill or experience, and to gain exposure to new patient populations and methods of assessment and intervention. The Director(s) of Training make every effort to honor the preferences of the resident; however, they reserve the right to require certain training experiences if a significant need is identified. The training plan may be revisited and amended at any point in the training year as new interests or needs are identified. At mid-year and end-of-year all postdoctoral residents will formally review their training plans and progress with the Director(s) of Training.

Evaluation of postdoctoral resident progress is ongoing throughout the training year and occurs both informally and formally. Informal feedback is provided continually in weekly supervision and in communication between training staff members. Resident progress is formally discussed by the training staff in monthly meetings of the Core Postdoc Training Committee; areas of strength and areas for growth are documented on monthly progress report surveys completed by supervisors. Residents are also formally evaluated by each of their clinical supervisors twice during the training experience (midway and at the end). The written feedback is reviewed between resident and supervisor and is submitted to the Director(s) of Training for inclusion in the training file. At a minimum, residents meet with the Director(s) of Training twice (at mid-year and at end-of-year) for formal discussions of progress and review of training plans. Additional formal feedback may be scheduled as needed.

### **Requirements for Completion**

#### **Hours**

Postdoctoral residents must complete 2000 professional hours within the 52-week training year in order to complete the program. Residents are encouraged to maintain a record of their hours. Accrued paid leave time and authorized absences for professional development activities are counted toward the 2000 hour requirement. Extensions of the training year may be necessary/allowable under extraordinary circumstances, (e.g., cases of unavoidable extended family or medical leave).

#### **Demonstration of Competency**

As outlined above (see Program Structure), postdoctoral residents are continuously evaluated throughout the training year, with monthly progress reports and two formal comprehensive evaluations of professional competency completed by all supervisors. Evaluation focuses on the successful demonstration of competency in the areas outlined below (see Aims of the Program and Expected Competencies). Residents must demonstrate at least high competence in all areas by mid-year (meaning supervisors are still providing some management of the resident's activities) and advanced competence in all areas by end-of-year (meaning readiness for independent practice) in order to successfully complete the program.

## Licensure

Throughout the training year, emphasis is placed on preparing postdoctoral residents for licensure and independent practice. Specifically, the weekly Postdoc Didactic incorporates several topics related to the process of obtaining licensure, including preparation for the EPPP and other required examinations, and completing critical licensing board application materials in a timely fashion. Upon completion of the program, postdoctoral residents will have completed in excess of the 1500 hours of supervised direct service experiences required for licensure in the State of Georgia, as well as all other jurisdictions that fall under the Association of State and Provincial Psychology Boards.

## Aims of the Training Program and Expected Competencies

The primary aim of the Atlanta VA Health Care System's psychology postdoctoral residency program is to prepare diverse psychology postdoctoral trainees to function competently, effectively, and ethically in professional roles in the field of psychology that combine clinical service and scholarly inquiry. We aspire to prepare postdocs to secure professional licensure as psychologists and to transition successfully, upon completion of the program, to employment at the GS-12 or equivalent level.

In accordance with these aims, the psychology postdoctoral residency program at the Atlanta VA Health Care System strives to promote for all postdocs the development of advanced skill in the profession-wide competencies identified by the American Psychological Association's *Standards of Accreditation in Health Service Psychology*. In addition to the Level 1 Competencies: integration of science and practice; ethical and legal standards; and individual and cultural diversity; the program identifies the following Level 2 Competencies: professional values, attitudes, and behaviors; communication and interpersonal skills; assessment; intervention; supervision; and consultation and interprofessional/interdisciplinary skills. The program emphasizes training in clinical skills, with the recognition that competent clinical work is informed by science. Supervision and didactics are grounded in the current evidence base and strong efforts are made to expose postdoctoral residents to current research and scholarship. Specific expected competencies pertinent to the focus areas of the program are listed under some of the profession-wide competencies below, along with the generalist competencies.

Successful completion of the program requires demonstration of each competency as follows:

### Level 1 – Advanced Competency Areas Required of All Residents in APA-accredited programs:

#### 1) COMPETENCE IN INTEGRATION OF SCIENCE AND PRACTICE:

##### Element 1A: Seeks Relevant Literature

The postdoctoral resident demonstrates the independent ability to seek and obtain scientific literature relevant to clinical practice. The resident reads and demonstrates comprehension of available literature.

##### Element 1B: Critical Scholarship

The postdoctoral resident demonstrates the independent ability to critically evaluate scientific literature as demonstrated in discussions with supervisors and/or performance in journal clubs, didactics, etc.

##### Element 1C: Dissemination of Scholarly Work

The postdoctoral resident demonstrates the independent ability to effectively disseminate research or other scholarly work at the local, regional, or national level (e.g., in case conferences, didactics, supervision, team meetings, and/or via presentation at meetings and conferences).

**Relevant Training Activities:** Postdoctoral residents are required to present on topics of their own choosing in at least two seminars attended by the Atlanta VA Health Care System's psychology

doctoral interns and Atlanta VA staff psychologists. At least one presentation must be substantially grounded in clinical research. Presentations may be given in the interns' General Seminar, the Assessment Seminar, or the Multicultural Lunch and Learn series. Residents participate in didactics throughout the training year. Residents may choose to engage in research activity for their elective rotation. Certain elective clinical rotations also offer Journal Clubs and similar avenues for critical evaluation of research.

## **2) COMPETENCE IN ETHICAL AND LEGAL STANDARDS:**

### **Element 2A: Conformity to Professional Guidelines and Policies**

The postdoctoral resident is knowledgeable of and acts in accordance with the APA Ethical Principles of Psychologists and Code of Conduct; the relevant laws, regulations, rules, and policies governing health service psychology at the organizational, local, state, regional, and federal levels; and any other relevant professional standards and guidelines. This includes compliance with VA and program policies regarding timeliness of documentation, use of scheduled and unscheduled leave, etc.

### **Element 2B: Recognition and Resolution of Ethical Dilemmas**

The postdoctoral resident independently recognizes ethical dilemmas as they arise and applies ethical decision-making processes in order to resolve the dilemmas.

### **Element 2C: General Ethical Conduct**

The postdoctoral resident conducts himself/herself in an ethical manner in all professional activities.

**Relevant Training Activities:** Residents participate in ethics-themed seminar presentations in the context of the Postdoc Seminar. Residents work with supervisors on their clinical rotations and in their general psychotherapy and psychological testing cases to identify and address ethical problems/dilemmas.

## **3) COMPETENCE IN INDIVIDUAL AND CULTURAL DIVERSITY**

### **Element 3A: Awareness of Own Culture**

The postdoctoral resident demonstrates a pursuit of knowledge or expressed understanding of how his/her/their own personal/cultural history, privilege, attitudes, and biases may affect how he/she/they understands and interacts with people different from himself/herself/themselves. This understanding should be demonstrated through ongoing self-assessment, self-reflection in supervision and assessments, experiential exposures, and consulting relevant literature followed by conscious efforts to adjust as needed.

### **Element 3B: Knowledge of Current Professional Standards for Diversity**

The postdoctoral resident demonstrates a pursuit of knowledge or discussion of current theoretical and empirical knowledge base as it relates to addressing diversity in all professional activities. Additionally the postdoctoral resident is knowledgeable of the general principles of the current American Psychological Association (APA) Ethical Principles of Psychologists and Code of Conduct (especially Principles D: Justice and Principle E: Respect for People's Rights and Dignity), APA's 2017 Multicultural Guidelines, and any diversity and cultural competency guidelines for working with specialty populations.

### **Element 3C: Case Conceptualization and Treatment Planning**

The postdoctoral resident demonstrates the ability to independently apply their knowledge and effectiveness in working with the range of diverse individuals and groups encountered during residency, in addition to having the ability to tailor to the learning needs and opportunities

consistent with their focus area. The postdoctoral resident demonstrates the ability to apply a theoretical and therapeutic framework to inform case conceptualization for working effectively with multiple areas of individual and cultural diversity, especially those not previously encountered over the course of his/her/their career. The resident discusses these issues and/or seeks appropriate guidance in applying framework in supervision and consultation. The resident demonstrates an ability to discuss and apply cultural awareness and diversity knowledge as it intersects with unique characteristics of the treatment population of focus.

**Element 3D: Direct Clinical Practice**

The postdoctoral resident demonstrates the ability to apply awareness and knowledge of individual and cultural differences in the conduct of professional roles. The resident demonstrates the ability to work effectively with individuals whose group membership, demographic characteristics, or worldviews are similar or different from his/her/their own. This may be demonstrated through observation of direct patient-resident interaction, observation of interaction with other providers and staff members, and through discussion in supervision and/or consultation.

**Relevant Training Activities:** Residents participate in diversity-themed seminars in the context of the postdoc seminar and they attend and participate in the monthly Multicultural Lunch and Learn Series. Residents serve on the Diversity Education Committee for Psychology Training and may assist with the development of training experiences for interns and the fostering of a positive environment for diverse staff and trainees. Residents also address diversity issues in the context of their work on the clinical rotations, general psychotherapy cases, and psychological testing cases.

**Level 2 – Program-Specific Competencies:**

**4) COMPETENCE IN PROFESSIONAL VALUES, ATTITUDES, AND BEHAVIORS**

**Element 4A: General Professional Behavior**

The postdoctoral resident behaves in ways that reflect the values and attitudes of psychology, including integrity, deportment, professional identity, accountability, lifelong learning, and concern for the welfare of others.

**Element 4B: Self-Reflection**

The postdoctoral resident engages in self-reflection regarding his/her personal and professional functioning. He/she/they engages in activities to maintain and improve performance, well-being, and professional effectiveness.

**Element 4C: Openness to Feedback**

The postdoctoral resident actively seeks and demonstrates openness and responsiveness to feedback and supervision.

**Relevant Training Activities:** Postdocs participate in a weekly Postdoc Didactic that includes topics relevant to professionalism, and are expected to demonstrate professionalism, self-reflection, and openness to learning in all training activities. Supervising staff model appropriate professional behavior.

**5) COMPETENCE IN COMMUNICATION AND INTERPERSONAL SKILLS**

**Element 5A: Effective Relationships**

The postdoctoral resident develops and maintains effective relationships with a wide range of individuals, including colleagues, communities, organizations, supervisors, supervisees, support staff, and those receiving professional services.

**Element 5B: Effective Communication**



The postdoctoral resident produces and comprehends oral, nonverbal, and written communications that are informative and well-integrated. The resident demonstrates a thorough grasp of professional language and concepts.

**Element 5C: Interpersonal Skills**

The postdoctoral resident demonstrates effective interpersonal skills and the ability to manage difficult communication well.

**Relevant Training Activities:** All training activities are relevant to this aim of the program. Training staff are expected to model this area of competency for trainees at all times.

**6) COMPETENCE IN ASSESSMENT**

**Element 6A: Knowledge of DSM-5 Nomenclature**

The postdoctoral resident demonstrates understanding of DSM-5 diagnostic categories and nomenclature.

**Element 6B: Clinical Interviewing**

The postdoctoral resident demonstrates ability to conduct an appropriate clinical interview to assess a patient's presenting concerns and pertinent history, and to evaluate for possible psychopathology.

**Element 6C: Selection of Assessment Methods**

The postdoctoral resident demonstrates ability to select assessment methods that draw from the best available empirical literature and that reflect the science of measurement and psychometrics. The resident collects relevant data using multiple sources and methods appropriate to the identified goals and questions of the assessment as well as relevant diversity characteristics of the service recipient.

**Element 6D: Assessment Interpretation**

The postdoctoral resident appropriately interprets assessment results, following current research and professional standards and guidelines, to inform case conceptualization, classification, and recommendations, while guarding against decision-making biases, distinguishing the aspects of the assessment that are subjective from those that are objective.

**Element 6E: Communication of Findings**

The postdoctoral resident communicates orally and in written documents the findings and implications of the assessment in an accurate and effective manner sensitive to a range of audiences.

**Relevant Training Activities:** Postdocs are required to complete at least two general psychological testing cases during the training year and may complete additional assessments in their focus areas (e.g., pain evaluations, pre-surgical evaluations for residents in the Health Psychology focus, DBT evaluations for residents in the Women Veterans focus). Most, if not all, of the elective clinical rotations offer additional opportunities for diagnostic interviewing and communication of findings, and some offer additional opportunities for psychological testing. Residents demonstrating particularly advanced competency in assessment may also have the opportunity to supervise an intern on general testing cases.

**7) COMPETENCE IN INTERVENTION**

**Element 7A: Patient Rapport**

The postdoctoral resident establishes and maintains effective relationships with the recipients of psychological services.

**Element 7B: Case Conceptualization and Identification of Goals**

The postdoctoral resident formulates a cogent case conceptualization that draws on theoretical and research knowledge and collaborates with patients to select appropriate goals for services.

**Element 7C: Treatment Planning**

The postdoctoral resident develops evidence-based intervention plans specific to the service delivery goals.

**Element 7D: Therapeutic Interventions**

The postdoctoral resident implements interventions informed by the current scientific literature, assessment findings, diversity characteristics, and contextual variables.

**Element 7E: Integration of Science and Practice**

The postdoctoral resident demonstrates the ability to apply the relevant research literature to clinical decision making.

**Element 7F: Therapeutic Flexibility**

The postdoctoral resident modifies and adapts evidence-based approaches effectively when a clear evidence base is lacking.

**Element 7G: Evaluation of Intervention Effectiveness**

The postdoctoral resident evaluates intervention effectiveness and adapts intervention goals and methods consistent with ongoing evaluation.

**Relevant Training Experiences:** Residents may engage in psychological interventions including individual and group psychotherapy, psychoeducation, and family/couples' services. Intervention training activities are prominent in the focus areas, as well as in the elective clinical rotations and general psychotherapy cases.

**8) COMPETENCE IN SUPERVISION**

**Element 8A: Knowledge of Supervision Models and Practices**

The postdoctoral resident demonstrates applied knowledge of supervision models and practices in direct practice with a psychology intern supervisee.

**Element 8B: Rapport with Supervisees**

The postdoctoral resident is able to establish effective working relationships with his/her/their supervisee(s).

**Element 8C: Supervision of Supervision**

The postdoctoral resident demonstrates the ability to use supervision of supervision in an effective way to explore his/her/their own growth as a supervisor, to address ethical dilemmas, and to develop supervisory knowledge, skills, and abilities.

**Element 8D: Evaluation of Supervisees**

The postdoctoral resident demonstrates the ability to provide effective constructive/corrective feedback and evaluation of supervisees' competencies.

**Relevant Training Experiences:** Each resident is assigned one psychology doctoral intern to supervise on two general psychotherapy cases throughout the training year. Residents participate in a weekly supervision-of-supervision group regarding their work with their supervisees and attend the monthly Intern Progress meeting with other supervisors. Residents may also have the opportunity to supervise additional interns or practicum students in their focus area depending on schedule, location, and demonstrated competence.

**9) COMPETENCE IN CONSULTATION AND INTERPROFESSIONAL/INTERDISCIPLINARY SKILLS**

**Element 9A: Respect for Other Professions**

The postdoctoral resident demonstrates knowledge and respect for the roles and perspectives of other professions.

**Element 9B: Interdisciplinary Communication**

The postdoctoral resident communicates effectively with professionals across disciplines in face-to-face and/or written consultation (e.g., effectively communicates psychological concepts and principles to those outside the field of psychology).

**Element 9C: Interdisciplinary Collaboration/Coordination of Care**

The postdoctoral resident works effectively with interdisciplinary professionals to address referral questions, make treatment recommendations, and coordinate patient care. The resident seeks input from other disciplines when needed and utilizes treatment teams appropriately.

**Relevant Training Experiences:** All focus areas and most elective clinical rotations offer opportunity for interdisciplinary treatment team collaboration for patient care. Residents are expected to collaborate with other professionals on the coordination of care for their general psychotherapy and psychological testing cases. Residents are expected to demonstrate respect for other professions in all training activities.

## **Training Activities**

Residents spend a minimum of 50% of their time throughout the training year in focus area-related training activities. The remaining time is spent in generalist training activities, including the option of an elective rotation, general psychotherapy cases, general psychological testing cases, didactics, and supervision of interns.

### **Focus Areas:**

**GENERAL MENTAL HEALTH CLINIC (GMH) Focus**

**Primary Supervisors: Miriam Hancock, PhD and Carly Hanks, PhD**

GMH Postdocs spend approximately 50% of their time in training activities in this focus area.

GMH at the Atlanta VA is an outpatient program following a Behavioral Health Interdisciplinary Program (BHIP) model. This model promotes comprehensive patient-centered care, multidisciplinary teamwork, integrative communication and effective care coordination. The BHIP team consists of psychologists, licensed clinical social workers, psychiatrists, registered and advanced practice nurses, pharmacists, peer support specialists, chaplains, and may include other trainees from different disciplines.

GMH Postdocs will gain a true breadth of training and generalist exposure. Our BHIP teams provide services to veterans who range broadly in age, ethnicity, sexual orientation, gender identity, socioeconomic status, education level, adaptive functioning, and psychological symptoms. Postdocs have opportunities to work with veterans who present with a wide range of psychiatric diagnoses, including Post Traumatic Stress Disorder, Major Depressive Disorder, Bipolar Disorder, other anxiety disorders, personality disorders, and psychotic spectrum disorders. Many patients also present with comorbid substance use disorders and complex medical issues. Presenting concerns might range in complexity from simple bereavement or adjustment issues to multiple comorbidities with severe functional impairment.

In addition to the breadth of training, Postdocs will have the opportunity for in-depth training within a diagnostic focus area. GMH services are organized into three different treatment tracks: Depression;

Trauma and Anxiety disorders (TSA); and Skills and Recovery (SAR, for SMI population). Each track provides evidence-informed individual and group-based treatments focused on the diagnostic emphasis area. **Postdocs are encouraged to select from Depression or Trauma/Anxiety as their training emphasis** but may also be able to engage in clinical activities across tracks upon request. Services are grounded in recovery-oriented principles with an emphasis on delivering culturally sensitive, evidence-based psychotherapies (EBPs) and other evidence-informed treatments. Commonly used EBPs include Acceptance and Commitment Therapy (ACT) and Cognitive Behavioral Therapy (CBT) for Depression and Anxiety disorders and Cognitive Processing Therapy (CPT) and Prolonged Exposure (PE) for PTSD. Examples of groups offerings include Psychoeducation groups (e.g., Depression 101, Trauma 101), CBT and ACT for Depression, ACT for Anxiety and Trauma-related symptoms, Mindfulness Training, Relaxation Skills, Anger Management, and others. Measurement-based care is encouraged, wherein trainees select and apply psychometrically valid pre-/post-treatment outcome measures to evaluate treatment progress.

Postdocs will provide individual services to include new patient assessments, individual therapy, and acute assessment and intervention. Additionally, Postdocs will provide group therapy for 2 to 3 hours/week, leading or co-leading at least two skill-based groups per week throughout the duration of the training year. The Postdoc also will be given the opportunity to develop a new group intervention grounded in empirically informed practices. Postdocs will have supervision opportunities if there are psychology interns rotating with GMH during the Postdoc's training.

Postdocs will have a range of professional development opportunities. They are required to provide one brief didactic presentation relating to best practices, program development, or their particular area of expertise to their track or the larger BHIP team. Postdocs will develop competency in providing clinical consultation to professionals of various disciplines within the team (psychiatry, social work, nursing, peer support) and in coordinating care with providers from other treatment programs with whom the veteran might be working collaterally (e.g., Pain, Sleep, TBI, Substance Abuse Treatment Program, etc.). Postdocs will learn to work within complex interdisciplinary team dynamics, developing an appreciation for the contributions and perspectives of other professions and integrating insights from the perspective of his/her own discipline and areas of expertise. The weekly team meetings will help Postdocs cultivate their professional identities, gaining greater skills and confidence in clinical case presentation and collaborative treatment planning. Depending on the Postdoc's skills and interests, there may be opportunities to pursue administrative activities in collaboration with the treatment team to enhance team-based care. For example, the Resident might focus on areas such as: evaluating program needs and priorities; gathering data and conducting system process assessments; developing or revising operational procedures and assessing the results.

GMH currently provides these extensive training opportunities at one of two locations: the Atlanta VA Medical Center (main hospital) or Atlanta Veterans Clinic (expansion site near the main hospital). Training location is based on selection of a primary supervisor and the Postdoc's individualized training plan.

The General Mental Health focus area will provide training opportunities for residents in all competencies identified earlier in this brochure as specific aims of the training program. Specific activities may vary to some degree based on time of year and the resident's training needs and preferences:

1. **Integration of Science and Practice.** Residents will be expected to review key empirical literature on evidence-based interventions relevant to the clinical population they are treating. Residents will be encouraged to take additional personal initiative in staying abreast of the most recent scientific findings and incorporating them into their practice. Residents will utilize empirically validated assessment tools for treatment/program evaluation purposes.
2. **Ethical and legal standards.** Residents will achieve advanced skill in understanding and adhering to ethical principles and legal obligations. Residents will be assisted by supervisors and senior staff in recognizing and addressing ethical and legal dilemmas. Residents will also facilitate trainees' ethical practice in their role of supervisor.
3. **Individual and cultural diversity.** Residents will gain experience working with a diverse group of veterans and staff and will be challenged to think critically about their own diversity variables as

they relate to culturally competent care, case conceptualization, and treatment planning.

Residents will incorporate multicultural factors into their understanding of the patient's clinical presentation and patterns of engagement in both psychological and medical treatment.

4. **Professional values, attitudes, and behaviors.** Supervisors will model professionalism and facilitate residents' development of their own professional identities. Residents will be expected to model behavior that is reflective of the values of Psychology in their roles as junior colleagues and as supervisors of interns/practicum students.
5. **Communication and interpersonal skills.** Residents will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. This will be modeled by supervisors. Residents are expected to gain greater levels of autonomy during the fellowship, seeking consultative guidance from supervisors when appropriate.
6. **Assessment.** Residents will use clinical interviewing, symptom questionnaires, and neurocognitive screening to inform diagnostic impressions, case conceptualization, and treatment plans. Residents will practice measurement-based care by choosing appropriate outcome measures and tracking progress over the course of treatment. Residents will demonstrate increasing levels of autonomy with regard to conducting these assessments and writing reports and psychotherapy progress notes.
7. **Intervention.** Residents will have the opportunity to carry an individual caseload and lead psychotherapy groups. Most of these interventions will be evidence-informed and time-limited with some opportunities for longer-term psychotherapy. EBPs will be a strong (but not exclusive) training emphasis.
8. **Supervision.** Residents may have the opportunity to supervise practicum students and psychology interns who are training at GMH. Residents may supervise individual and/or group interventions.
9. **Consultation and interprofessional/interdisciplinary skills.** Residents will assist various members of the multidisciplinary treatment team (physicians, nurses, peer support specialists, etc.) with evaluation and treatment planning. Residents will learn how to effectively communicate clinical information to the team members and mental health providers from other programs who may be treating the veteran collaterally. This will be initially modeled by supervisors; however, residents are expected to quickly graduate to greater levels of autonomy, seeking consultative guidance from supervisor when appropriate.

### **HEALTH PSYCHOLOGY FOCUS**

**Focus Coordinator/Core Training Committee Representative – Sharon Shatil, Ph.D.**

Health Psychology services at the Atlanta VAHCS are currently provided by several Health Psychologists working in multiple different areas and subspecialties throughout the Health Care System. Currently, we have Health Psychology Training Staff present in Pain Psychology, Sleep Psychology, Psycho-oncology, and Cardiac Psychology/Cardiac Rehabilitation. In addition to these services within specialty medicine clinics, the Health Psychology team also runs the Nicotine Cessation Program, participates in the provision of services through the MOVE! Program, and offers counseling for sexual health concerns. The Health Psychology team is a vibrant team that is continuously growing and expanding, and we currently offer training experiences in areas outside of and in addition to those specialty areas mentioned above.

This focus area offers a variety of opportunities for psychoeducational and cognitive-behavioral interventions for patients with a variety of medical conditions. Patients treated within Health Psychology frequently experience medical crises or chronic illnesses, as such veterans seen may need assistance with lifestyle change to better manage their conditions, or they may be in need of therapy to address depression, anxiety, or emotional distress secondary to their medical condition. Patients are often referred from across the medical center including but not limited to subspecialties of Rehabilitation Medicine, Pain Anesthesiology, Cardiology, Pulmonary Clinic, Urology, Sleep Medicine, and the Primary Care teams.

At the postdoctoral level, the Health Psychology focus allows for a variety of experiences within health psychology. The focus area is designed to teach and enhance mastery in both assessment and intervention of the intersection of physical and mental health. Emphasis is placed on conceptualization using the Biopsychosocial Model and cognitive-behavioral therapies. Additionally, there is a strong focus on techniques to foster health-behavior change, such as motivational interviewing as well as targeted interventions related to improving health-related behaviors and coping with the effects of chronic disease. Treatment modalities include a combination of individual and group therapy. Postdoctoral residents will have opportunities for both individual and group interventions in some (though not all) of these areas. Health Psychology training at the postdoctoral level aims to provide the resident with a more in-depth experience than that of the internship level; as such, residents will choose to focus on specific subspecialties within Health Psychology rather than aiming for breadth of experiences.

There will also be opportunities for psychological assessment of veterans referred for pain management and other complex health concerns referred for diagnostic clarification and treatment planning. Additionally, there may be opportunities for residents to complete pre-surgical evaluations for veterans who are candidates for a variety of surgical procedures (organ transplant, bariatrics, spinal cord stimulators). An important role for postdoctoral residents within the Health Psychology focus is to serve as liaisons between Health Psychology and multiple other departments throughout the hospital.

Specific activities that make up the postdoctoral resident's experience may vary from individual to individual based on time of year and the individual resident's training needs, goals, and preferences and will be determined at the outset of the training year in collaboration with the Director(s) of Training. Postdoctoral Residents in the Health Psychology Focus Area who express a desire to pursue Board Certification in Clinical Health Psychology will be given the opportunity to develop a training plan that aligns with this goal.

At the postdoctoral level, the Health Psychology Focus Area will provide training opportunities for the resident in all competencies identified earlier in this brochure as specific aims of the training program.

- 1). **Integration of Science and Practice.** Residents will be expected to complete readings on health behavior change and evidence-based interventions for various health populations. Residents will be encouraged to take initiative when it comes to becoming familiar with the research and incorporating it into their practice as well as supervision. Residents will become familiar with various techniques used for program evaluations and assessment of patient change; these techniques will be informed by the current literature on these topics.
- 2). **Ethical and legal standards.** Residents will become familiar with ethical standards and legal guidelines for working within this clinical setting (VA, as well as working within medical clinics), including recognizing clinical and ethical dilemmas and appropriately seeking supervision on such issues, with increasing levels of autonomy. Supervisors will model ethical behavior. Residents are also expected to model appropriate ethical behavior in their role as supervisors for the interns and as junior colleagues.
- 3). **Individual and cultural diversity.** Residents will gain experience working with veterans with a wide array of cultural diversity (age, sex, race/ethnicity, sexual orientation, SES, cultural understanding of illness, etc.). Residents will work on incorporating awareness of both patient and provider variables into their conceptualization of veterans seen for individual appointments while on the health rotation; residents are expected to appropriately seek out more information autonomously and seek consultation when needed. Residents will be encouraged to be thoughtful about the way in which multicultural factors influence the patient's presentation and engagement in both psychological and medical treatment.
- 4). **Professional values, attitudes, and behaviors.** Supervisors will model appropriate and expected professional behavior and facilitate residents' development of their own professional identities. Residents will be expected to model this behavior as well in their role as supervisors for the interns and as junior colleagues.
- 5). **Communication and interpersonal skills.** Residents in the Health Psychology focus area will demonstrate an ability to communicate with professionals across disciplines using appropriate oral and written communications. This will be initially modeled by supervisors; however, residents

are expected to quickly graduate to greater levels of autonomy, seeking consultative guidance from supervisor when appropriate.

- 6). **Assessment.** Residents in this focus area will complete a variety of assessments related to various health psychology referral questions (pain psychology evaluations, sleep psychology intakes, pre-surgical evaluations, etc.). The resident will have the opportunity to develop skills in targeted clinical interviewing, administration and interpretation of standardized measures of symptomology, and providing appropriate treatment recommendations based on these evaluations. Residents will be expected to demonstrate increasing levels of autonomy in regard to completing these assessments.
- 7). **Intervention.** Residents will have the opportunity to carry an individual caseload and lead groups. Opportunities are available for training in CBT-Insomnia (CBT-I), CPAP desensitization, CBT for Chronic Pain, ACT for chronic pain, and behavioral/health behavior change interventions for smoking cessation, and cardiovascular health/stress management.
- 8). **Supervision.** Residents may have the opportunity to supervise interns who have elected the Health Psychology rotation. Residents may supervise an intern on a group intervention (or co-lead a group intervention), or they may supervise individual health psychology cases.
- 9). **Consultation and interprofessional/interdisciplinary skills.** Residents will assist various medical staff (physicians, nurses, medical residents, etc.) with evaluation and treatment planning for medical patients whose status is affected by psychological and behavioral factors. Residents will learn how to effectively communicate this information to the referring provider in either verbal or written form (or both). An emphasis in this area will be learning how to communicate psychological information to professionals outside the field of psychology. This will be initially modeled by supervisors; however, residents are expected to quickly graduate to greater levels of autonomy, seeking consultative guidance from supervisor when appropriate.

#### **Health Psychology Focus Area Structure:**

Residents in the Health Psychology focus spend at least 50% of their time in Health Psychology training activities for the entire training year. As stated earlier, the way in which a postdoctoral resident's time is allocated will depend on the individual's training needs and career goals and will be determined at the outset of the training year when a training plan is developed in collaboration with the Director(s) of Training.

#### **Health Psychology Specialty Clinics/Rotations:**

**Behavioral Sleep Medicine Program – Supervisor: Sharon Shatil, Ph.D.** (based at Atlanta Veterans Clinic): A high percentage of veterans suffer from sleep disturbance: 50-53% with sleep apnea syndromes, and 40-50% with some form of insomnia. While Positive Airway Pressure (PAP) therapies are currently the best treatment for sleep apnea, many veterans report that they will not, or cannot, use the treatment due to anxiety, lack of motivation, or other factors. Residents will have the opportunity to evaluate veterans and provide individual motivational and/or desensitization treatment, which have been shown to increase tolerance of and compliance with PAP therapies. Additionally, residents may evaluate and conduct individual therapy for treatment of insomnia, nightmares, circadian rhythm sleep-wake disorder, and adjustment to narcolepsy, as well as conduct group intervention for insomnia. General treatments used are behavioral and cognitive behavioral and may include mindfulness. Residents will likely utilize Cognitive Behavioral Treatment for Insomnia, Imagery Rehearsal Therapy, Motivational Interviewing, and CPAP Desensitization. Residents will be expected to handle a caseload of patients with greater levels of complexity than those seen by interns. Residents may also supervise interns on groups and/or individual sleep psychology cases.

**Cardiac Psychology Program/Cardiac Rehabilitation – Supervisor: Martale Davis, Ph.D.** (based at Medical Center): Cardiovascular disease is one of the leading causes of veteran morbidity and mortality. Residents on this rotation will spend the majority of their time assisting veterans in making healthy lifestyle changes and providing psychoeducational lectures on wellness promotion for outpatient cardiology patients. Residents will also provide services for veterans enrolled in a home-based cardiac rehabilitation program, one of very few within VHA. Studies show that only 20% of eligible patients participate fully in cardiac rehab services, home-based services aim to help increase participation among



veterans. Residents will conduct psychological assessment of patients entering cardiac rehabilitation within a team setting and provide motivational enhancement and behavioral health interventions to assist veterans throughout the program. Clinical activities may also include assessment and intervention for hostility/anger, depression, anxiety, stress-management and relaxation training, interventions to increase medical compliance, preparation for stressful and invasive diagnostic procedures, and emotional support following surgical procedures (e.g., ICD or stent placement, bypass surgery, etc.) within the context of cardiac rehabilitation. Residents may also co-facilitate psychotherapy groups for veterans with heart disease and other chronic health conditions. Additionally, residents may have the opportunity to work with veterans individually on tobacco cessation and weight-management within cardiac rehabilitation. Residents working within this program are encouraged to attend weekly multidisciplinary cardiac rehabilitation team meetings with cardiologists, physician assistants, exercise physiologists, nurse practitioners, and medical residents. Program development and medical consultation is an integral part of this rotation.

**Chronic Pain Management/Pain Psychology Program – Supervisors: Anthony Onyemenem, PhD**

(based primarily at Atlanta Veterans Clinic but opportunities also available at the Medical Center):

Patients referred to the Psychology Pain Management program may present with pain of varying severity, which often has not fully remitted despite medical interventions. In addition to suffering from chronic pain conditions such as arthritis, fibromyalgia, chronic migraines, and varying degrees of structural spinal damage/degeneration, these patients may also present with co-morbid depression, anxiety, adjustment disorder, and/or substance abuse issues which complicate the clinical presentation. Residents may participate in a wide variety of activities including conducting individual pain-focused assessments, co-facilitating group interventions, and providing individual pain-focused psychotherapy. Primary treatment modalities include Cognitive Behavioral Therapy for Chronic Pain (CBT-CP), and Acceptance and Commitment Therapy (ACT) for chronic pain. Postdoctoral residents may also have the opportunity to participate in the Interdisciplinary Complex Pain Clinic, which is a partnership between Pain Psychology and Anesthesiology Pain Management (this experience is dependent on availability). Residents will be expected to handle a caseload of patients with greater levels of complexity than those seen by interns. Residents may also supervise interns on groups and/or individual pain psychology cases. Residents will also be engaged in conducting pre-surgical evaluations for pain patients who are candidates for Spinal Cord Stimulator Implants.

**Pre-transplant and Bariatric Evaluation Consultation Service – Supervised by all Health**

**Psychology Team members** (locations vary): The completion of pre-transplant and bariatric psychosocial evaluations for patients who have been referred by various specialty services occurs with selected patients for liver, kidney, lung, heart, and bone marrow transplants. Residents will also have the opportunity to perform bariatric evaluations for veterans who meet the VA requirements for the procedure. The evaluations assess the psychological and psychosocial factors considered to be important predictors of successful surgery and recovery including, treatment adherence, psychological stability, substance abuse, and social support. Evaluations involve a chart review, clinical interview, and mental status exam. They also involve completing a report in which recommendations are made regarding a patient's appropriateness for surgery, as well as recommendations regarding further services or behavioral changes that might enhance the patient's candidacy for the surgery.

**Psycho-oncology Program -Supervisor: Raegan Hanlon, PsyD** (based at the Atlanta VA Medical Center): Psychology trainee will provide outpatient psychological services to Veterans diagnosed with hematological and/or oncological disorders/diseases. These services include distress screening and assessment of Veterans living with cancer, offering brief interventions (e.g., pain management, sleep hygiene, behavioral activation, relaxation strategies) or longer term therapy (e.g., adjustment to life-threatening illness, addressing end of life issues and preparatory grief) for patients at varying points in the disease trajectory. Trainees will also have opportunities to engage Veterans in goals of care conversations. Caregiver support will also be offered to family members. There may also be opportunity for anticipatory grief counseling. Trainees will also gain experience co-facilitating and leading cancer related support groups.

**Sexual Health Counseling – Supervisor: Rachel Heatherly, Ph.D.** (based at Atlanta VA Medical Center). Prevalence rates of sexual dysfunction are high among Veterans with co-occurring chronic health conditions, mental health disorders, addictive behaviors, and those taking prescription medications for these co-occurring conditions. Sexual health consults are an option for Veterans who report a unique and complex sexual functioning difficulty that cannot be handled independently by either medical or mental health providers. Veterans referred to this service may experience distress associated with lack of desire, lack of sexual responsiveness, functional inability to perform (i.e. erectile dysfunction), ejaculatory/orgasmic difficulties (i.e. premature/delayed ejaculation, anorgasmia), or sexual pain (i.e. vaginismus; genito-pelvic pain). The goal of this service is to assist in evaluating emotional, cognitive, and experiential factors that contribute to poor sexual functioning, and to aid the Veteran in developing targeted coping strategies that may improve sexual functioning, reduce distress associated with disrupted functioning, and enhance overall sexual well-being. Residents will have the opportunity to conduct individual sexual-health focused assessments and provide individual sexual-health focused psychotherapy. Some general treatments used are mindfulness informed cognitive behavioral therapy, sensate focus, communication skills training, and motivational interviewing/enhancement techniques. Please note this service/training experience does not treat compulsive sexual behavior disorders or provide traditional couple's counseling.

**Smoking Cessation Program –** (based at Medical Center): Smoking is one of the leading causes of preventable death in the United States and there is a great demand within the Atlanta VA for tobacco cessation intervention. Psychology postdoctoral residents may lead a structured psycho-educational counseling program that emphasizes cognitive-behavioral interventions. These groups provide experience with techniques of effective habit change, group facilitation, as well as increased familiarity with the medical consequences of smoking and other forms of tobacco use. There are also opportunities for individual smoking cessation treatment.

**Other Health Psychology Optional Opportunities:**

In addition to the clinical health psychology opportunities described above, there are also opportunities for residents that present in didactics and staff trainings on an intermittent basis. These opportunities are not required but may be considered if time allows.

**MOVE! Program:** Residents may have the opportunity to co-lead MOVE groups with Health Behavior Coordinator or other Health Psychology Team member. Behavioral group therapy is offered monthly to veterans enrolled within the MOVE program who desire assistance with making diet, exercise, and lifestyle changes with the intent of reducing weight and improving health. Emphasis is placed on behavior change principles for weight loss. Selected veterans requiring or requesting individual therapy may be referred and will receive evaluation and behavioral therapy focusing on behavioral techniques to assist with weight loss. Residents may also have the opportunity to co-lead any additional groups developed in collaboration between health Psychology staff and MOVE! Program.

**Motivational Interviewing Training:** Alongside the Health Behavior Coordinator, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff, such as nurses and physicians.

**WOMEN VETERANS FOCUS**

Postdoctoral training in the Women Veterans focus area will include training in the Women's Wellness Primary Care Mental Health Integration Clinic and with the PTSD Clinical Team or Dialectical Behavior Therapy Program. Postdoctoral residents will spend 1-2 days in each clinic for 12 months to allow for depth of training and increased autonomy over the course of the training year. Based on training goals, a resident may choose to spend additional time in either of these training areas. Allocation of focus area time will be discussed in developing a training plan at the beginning of the training year and may be altered as needed during the course of the year.

### **Women's Wellness Primary Care Mental Health – Integration (PCMH-I)**

**Supervisor: Debra Geisel, Psy.D.**

The Atlanta VA Health Care System provides care to more women veterans than any other VA facility in the country and the Women's Wellness Primary Clinic staff provides primary care and gender-specific care for over 3000 assigned veterans. Postdoctoral residents will be co-located in the Women's Wellness primary care clinic on their rotation day to get veterans established with appropriate mental health services. Residents will be available for same-day warm hand-offs from primary care providers, provide brief screenings to assess symptoms, conduct short-term psychotherapy (i.e., typically four to six 30-minute sessions) for appropriate veterans, provide education and consultation to staff, and provide triage/referrals to veterans requiring specialty mental health care. Postdoctoral residents working with the Women's Wellness Clinic will gain experience working with women veterans with interventions focused on general mental health issues as well as health concerns specifically related to women, including coping with unwanted pregnancy, infertility, and coping with diagnosis of diseases such as cancer, heart disease, and sexually transmitted diseases. All presenting veterans are screened for a history of military sexual trauma and residents will become familiar with this screening and making appropriate treatment referrals. Postdoctoral residents are valued team members and will be trained in clinical and administrative functions associated with the role of a PCMH-I psychologist and have the opportunity to develop and facilitate a short-term coping skills group of a topic of their choice that is relevant to the women veteran population. Residents will have the chance to consult directly with other clinic staff including physicians, nurses, social worker, nutritionist, and pharmacist. Postdoctoral residents will be encouraged to participate in women veteran outreach and administrative opportunities with the Women Veteran's Program (as available and coordinated with overall postdoctoral responsibilities).

### **PTSD Clinical Team (PCT)**

**Supervisors: Emily Jackson, Ph.D.; Kelci Flowers, Ph.D.; Martha Calamaras, Ph.D.**

The mission of the PTSD Clinical Team (PCT) is to provide state of the art, specialized mental health care to veterans with symptoms of Posttraumatic Stress Disorder (PTSD). The treatment provided by the PCT is founded on the expectation that, with the provision of the best available care, veterans can heal from the psychological impact of trauma and recover from PTSD symptoms. There is a strong emphasis on the use of evidence-based treatments, primarily Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT). The PCT is located primarily at the Henderson Mill Annex, approximately 5 miles from the main VAMC, with additional services available at the South Fulton VA Clinic, approximately 15 miles from the main VAMC.

Residents rotating with the PCT provide assessment and treatment services to the women veterans served within this clinic. Veterans served may present with a personal history of Military Sexual Trauma (MST), combat-related trauma, childhood abuse, intimate partner violence, and/or other types of trauma. Residents will learn how to effectively assess for PTSD symptoms and complete comprehensive clinical interviews. Residents will also have the opportunity to participate in intensive training workshops in PE and/or CPT at the start of the training year and will be expected to provide both of these interventions in individual therapy during the course of training. Additional opportunities for utilization of second-line treatments for PTSD (e.g., Written Exposure Therapy) may be available. Residents serve on a multidisciplinary team comprised of psychiatrists, psychologists, social workers, and psychology and social work interns. On the team, residents will be encouraged to provide consultation and gain knowledge of how to work in a multidisciplinary team.

## **Dialectical Behavior Therapy (DBT) Program**

**Supervisors: Emily Jackson, Ph.D.; Kelci Flowers, Ph.D.; Martha Calamaras, Ph.D.**

The mission of the Dialectical Behavior Therapy (DBT) Program is to provide specialized mental health care to veterans who are diagnosed with Borderline Personality Disorder and struggle with severe emotion dysregulation and interpersonal difficulties. The treatment provided by the DBT Program is founded on the expectation that, with the provision of the best available care, veterans can heal from the psychological impact of trauma and develop skills to reduce suffering and create a life worth living. The DBT Program is located primarily at the Henderson Mill Annex, approximately 5 miles from the main VAMC, with additional services available at the South Fulton VA Clinic, approximately 15 miles from the main VAMC.

Residents rotating with the DBT program will have the opportunity to provide individual DBT therapy; co-facilitate a DBT skills group, evaluate veterans for appropriateness for DBT, provide phone coaching, and participate in weekly consultation team meetings.

### **Women Veterans Focus Area Structure:**

Residents in the Women Veterans Focus Area must spend at least one day in the Women's Wellness PCMHI team and at least one day in either the PTSD Clinical Team or the DBT Program per week for the entirety of the training year. Residents must accordingly choose between a trauma or DBT focus to accompany the PCMHI training experience with women veterans. The distribution of time between the chosen programs will be determined based upon the resident's training needs.

The Women Veterans Focus area offers training opportunities across many of the competency areas identified earlier in this brochure. Specific activities vary slightly by day on the rotations, but may include:

- 1). **Integration of Science and Practice:** Residents will be provided with scholarly articles on the practice of therapy within each rotation and issues relevant to women veterans. Relevant literature may be involved in related discussion as part of their supervision. Residents are encouraged to seek out and apply relevant research when implementing individual and group interventions.
- 2). **Ethical and Legal Standards:** Residents are expected to engage in ethical and legal behavior. Appropriate standards will be demonstrated by supervisors and residents will be assisted to recognize and address any ethical and legal dilemmas.
- 3). **Individual and Cultural Diversity:** Residents will have the opportunity to work with a diverse group of veterans and staff, and will be challenged to think critically about their own diversity variables as it relates to culturally competent care of women veterans and other diversity factors such as age, race/ethnicity, sexual orientation, SES, trauma history, and religion.
- 4). **Professional Values, Attitudes, and Behaviors:** Residents are expected to behave professionally at all times. Appropriate values, attitudes, and behaviors will be modeled by supervisors.
- 5). **Communication and Interpersonal Skills:** Residents will practice professional communication skills with interdisciplinary staff regarding care of veterans. They will additionally use these skills in appropriate documentation of all patient encounters in electronic medical records.
- 6). **Assessment:** Residents will enhance skills in conducting assessments appropriate to each rotation (e.g. brief screenings on PCMHI and comprehensive intakes in the PCT or DBT Program), providing diagnostic impressions, utilizing relevant measures, treatment planning, and completing corresponding documentation in the medical chart.
- 7). **Intervention:** Residents will have the opportunity to develop case conceptualization, treatment planning, consultative and referral skills. For the PCMHI rotation, residents will enhance clinical competence in providing short term psychotherapy and provide appropriate referrals and treatment recommendations for patients needing adjunctive care or specialized treatment. Residents will be expected to implement a brief group intervention during their rotation. Residents that select the PCT will carry an individual therapy caseload including veterans engaged in Prolonged Exposure and Cognitive Processing Therapy. Residents may also co-lead

psychoeducational or other therapeutic groups. Residents that select the DBT Program will carry an individual therapy caseload of veterans engaged in DBT and co-facilitate a DBT skills group.

- 8). **Supervision:** There are not opportunities for residents to directly supervise on these rotations; however, supervision time may be dedicated to understanding/discussing related supervision topics. In working with the PCT or DBT Program, residents may participate in a weekly Peer Consultation group, comprised of interdisciplinary staff and trainees at various levels (dependent on day of rotation).
- 9). **Consultation and Interprofessional/Interdisciplinary Skills:** Residents will have the opportunity to participate as a member of multidisciplinary teams with frequent consultation with team members (e.g. primary care physicians, psychiatrist, social workers, etc.) to assist with veterans' care.

## Other Training Activities:

**Elective Rotations:** Residents have the option to select one rotation outside the focus area for either half of the training year or for the whole year. If selected, an elective will account for up to one full day per week, which will mean less time spent in the focus area. Options for elective rotations may include **Primary Care/Mental Health Integration, General Mental Health, DBT Program, PTSD Clinical Team, Substance Abuse Treatment Program, Substance Use Disorders Domiciliary, Palliative Care, Inpatient Psychiatry (4PSY), Health Psychology, Diversity, or Medical Inpatient Consult-Liaison.** See the training brochure for the psychology doctoral internship at the Atlanta VA Health Care System for descriptions of training opportunities available in these programs. Postdoctoral residents also have the option to propose their own elective rotation. Past years' residents have created elective rotations in **research, program development, and administration** among other areas.

**General Therapy Cases:** In addition to the therapy cases seen in the focus areas and elective rotations, psychology postdoctoral residents are expected to carry a caseload of approximately three to five general (long- or short-term) individual, group, or couples/family psychotherapy cases. Cases are assigned by the Director(s) of Psychology Training and are supervised by members of the Training Committee with the goal of exposing residents to various theoretical orientations and areas of expertise.

**Psychological Assessment Cases:** Residents are required to complete a minimum of two (2) general psychological assessment cases during the training year. Referrals are submitted by providers throughout the Mental Health Service Line and are assigned to residents by the Director(s) of Training, with supervision provided by a member of the Training Committee. The focus of this training experience is on enhancing general diagnostic, clinical interviewing, and overall assessment/testing skills. Each assessment case is unique and varies broadly along a spectrum of cognitive and personality evaluations. As such, there is no standard test battery or report format. Residents demonstrating advanced competence in general psychological assessment upon completion of the two required cases are exempted from any further general assessment requirement and may have the option to supervise an intern on psychological assessment cases in the second term of the training year. Residents falling short of advanced competence after the initial two cases will be expected to complete two additional cases in the second term.

**Supervision Training:** Each psychology postdoctoral resident is assigned one psychology doctoral intern to supervise on two general therapy cases throughout the training year. Residents may have additional opportunities for supervision of interns or psychology practicum students. Residents are provided with supervision of supervision (1-2 hours per week) in a group-based format, allowing for peer support and learning as residents take on this critical professional role.

**Clinical Supervision:** Postdoctoral residents are considered junior colleagues and are expected to demonstrate a considerable degree of autonomy and self-motivation. The APA Standards of Accreditation require that residents receive a minimum of two hours of individual face-to-face supervision from a licensed psychologist each week. Residents typically receive one hour of individual supervision per week in their focus area, and (if applicable) one hour per week from their elective rotation supervisor.

Supervision of general therapy cases will be received from a third supervisor on a schedule determined based on the resident's demonstrated level of competency and training goals. Supervision of general assessment cases will be arranged based on the demands of the case and the resident's demonstrated level of competency. Supervision-of-supervision is offered in a group format for all the residents, usually for one hour per week.

**Didactics:** Residents are required to participate in three didactics, as described below, with additional optional didactic opportunities if desired.

**Postdoc Seminar** – This postdoc seminar is a weekly didactic presented by psychology training staff, multidisciplinary VA staff, and non-VA professionals. Topics of the seminar are diverse and include professional development (e.g. preparing for the EPPP, licensure, updating a CV), multicultural competence and humility (e.g., impact of race on pain care from a patient/provider perspective, HIV stigma), ethics (e.g. ethics in supervision), health psychology (e.g. infectious disease), and clinical practice. During weeks when seminar is not scheduled, protected time for licensure preparation will be provided.

**Multicultural Lunch & Learn:** This required didactic is a monthly lunch-time presentation series that is open to all psychology staff and required for all psychology trainees. Through didactics, experiential activities, and discussion, Lunch & Learn presenters address a variety of topics relevant to specific patient populations and to the promotion of multicultural competence/cultural humility. Examples of previous presentations include: "Clinical Impact of the Psychologist's Cultural Identities;" "Intersecting Identities and Complexities of LGB Identity Development Models;" "Colorism among African Americans;" "Using Our Powers for Good! A Discussion about Therapist Privilege and the Empowerment of Clients;" and "Disability as a Diversity Variable."

**Multicultural Supervision and Consultation:** The Multicultural Supervision and Consultation seminar series is held monthly and is led by members of the Diversity Education Committee for Psychology Training (DEC-PT). The seminar focuses on topics relevant to postdoctoral fellows' overall development as culturally informed supervisors and consultants. The seminar attends to the intersections of diversity dimensions and how the supervisory relationship is impacted by the interplay between the multiple identities and worldviews of the supervisors, supervisees, and their clients. During the seminar, postdoctoral fellows will gain awareness, increase understanding, and learn to address challenges faced when having difficult conversations about culture and diversity within supervision and consultation. The seminar works to cultivate a safe and supportive learning environment where personal disclosures will be treated sensitively and respectfully as this an important part of the supervisory process and is a crucial aspect of developing multicultural competence/cultural humility.

**Optional Didactics** – Residents have the option to attend other available didactics if they do not conflict with the residents' required activities. They may attend the Emory University Psychiatry Department's Grand Rounds, which occurs approximately every other week during Emory's academic year. Grand Rounds presentations cover a wide range of topics including summaries of current research, treatment techniques, and presentations from prominent figures in psychiatry and the behavioral sciences. They are presented by the Emory School of Medicine via teleconference to the Atlanta VA. Residents may also have the opportunity to attend a Neuropsychology Seminar featuring lectures on such topics as neuroanatomy, neuropathology, neuroradiology, and neurobehavioral syndromes.

**Teaching/Presentation:** As junior members of the psychology training staff residents are required to present at least twice on topics in their area of interest and/or expertise. At least one presentation must have a significant research component to its content. Residents may present in the psychology interns' Assessment Seminar, the psychology interns' General Seminar, and/or the Multicultural Lunch & Learn series, or in another setting if approved by the Director(s) of Training. Presentations are open to psychology staff. For residents in the Health Psychology focus, there will also be additional opportunities to conduct in-service workshops teaching Motivational Interviewing techniques to other healthcare staff,

such as nurses and physicians alongside the Health Behavior Coordinator. Residents have also served on the Health Promotion and Disease Prevention committee for the Medical Center, which organizes annual campaigns for the flu shot, the Great American Smoke-Out, etc.

**Committee Service:** All residents serve as members of the Diversity Education Committee (DEC-PT) and assist with planning of discussion topics for the Multicultural Lunch & Learn and training activities for the interns' Multicultural Seminar series. Residents may have additional opportunities for committee service and other administrative roles in their focus area or through an elective rotation.

## **Training Staff**

The Core Postdoc Training Committee is comprised of the Director(s) of Training, the supervisors for the focus areas, the supervision-of-supervision group leaders, the DEC-PT Chair, the postdoc seminar coordinator, and the Psychology Executive. Biographical summaries for the Core Postdoc Training Committee members are included below. The Core Postdoc Training Committee is a subset of the Extended Training Committee, a group of approximately 65 licensed psychologists who have been approved for involvement in the training program.

### **Core Postdoc Training Committee Members (2021-2022):**

**ANDREA B. BURNS, Ph.D. – Director of Psychology Training** - (Clinical Psychology, Florida State University, 2006) is a psychologist with the PTSD Clinical Team and Director of Training for both the internship and postdoctoral training programs. With the PCT she conducts diagnostic evaluations, provides individual and group psychotherapy and psychoeducation services, and co-facilitates a peer consultation group. While her current work focuses on the treatment of combat-related PTSD in veterans of all eras of service, other clinical and research interests include major depression and suicide. Dr. Burns also coordinates general therapy and assessment case assignments for interns and postdoctoral residents. In all her work she is committed to the utilization of a scientific approach to psychology, including the prioritization of empirically supported treatments. Dr. Burns is a former Atlanta VA intern and Emory University School of Medicine postdoc.

**MARTHA CALAMARAS, Ph.D. – Supervisor, PCT and DBT Rotations** - (Clinical Psychology, Georgia State University, 2014) is a clinical psychologist in the PTSD Clinical Team who works primarily with veterans who have experienced military sexual trauma. She specializes in the treatment of posttraumatic stress disorder, borderline personality disorder, and eating disorders using cognitive behavioral and dialectical behavioral therapy approaches. Dr. Calamaras additionally maintains a small generalist private practice outside the VA.

**MICHELLE CASIMIR, Ph.D., ABPP – DEC-PT Chair** - (Clinical Psychology – Georgia School of Professional Psychology at Argosy University - 2014) is a board-certified psychologist with the Atlanta VA and an Assistant Professor with the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine. At the DRRTP, Dr. Casimir focuses on providing culturally informed, evidenced based treatments to individuals who present with severe mental illness, trauma and personality disorders. These include CBT for Schizophrenia, Cognitive Processing Therapy (CPT), Behavioral Family Therapy for Serious Psychiatric Disorders (BFT) and Skills Training in Affective and Interpersonal Regulation (STAIR). Dr. Casimir oversees the psychology practicum program at the DRRTP, serves as a psychological testing supervisor, conducts the Multicultural Supervision and Consultation monthly seminar with the psychology postdoctoral fellows and supervises psychiatry residents. Her professional interests include supervision and training, psychological testing, advocacy work, program evaluation and development and engaging in community work with her local state association.

**MARTALE DAVIS, Ph.D.- Supervisor, Health Psychology - Cardiac Psychology/Cardiac Rehabilitation** - (Clinical Psychology, Kent State University, 2019) is a Clinical Psychologist on the Health Psychology Team. He is the primary supervisor for cardiac psychology but also provides supervision for chronic pain and general health psychology cases. Dr. Davis provides individual services



for veterans with a wide range of health-related concerns including cardiovascular disease, diabetes, hypertension, chronic pain, obesity, tobacco use, and various chronic illnesses. He is also a member of the Diversity Education Committee for Psychology Training (DEC-PT). In addition to health psychology, his clinical interests include providing culturally-informed treatment and addressing health disparities. Dr. Davis completed his postdoctoral residency at the Atlanta VAMC before joining the staff in 2020.

**CATHERINE G. DEERING, Ph.D., ABPP – Supervision of Supervision** – (Clinical Psychology, University of Rhode Island, 1991) is a part-time consulting psychologist. She leads a weekly supervision-of-supervision group for the psychology residents and a weekly supervision group for psychology interns. Dr. Deering is a Professor of Psychology at Clayton State University and Adjunct Professor at the Emory University School of Medicine. Her professional interests include group therapy training, family therapy, and teaching.

**KELCI C. FLOWERS, Ph.D. – Assistant Director of Postdoc Training; Women Veterans Focus** – (Clinical Psychology, University of Georgia, 2014) is a psychologist with the PTSD Clinical Team and DBT program. Dr. Flowers' work focuses on diagnostic evaluations and individual and group evidenced-based psychotherapy for individuals with PTSD and other comorbid disorders. These treatments include Prolonged Exposure therapy, Cognitive Processing Therapy, Written Exposure Therapy, and Dialectical Behavioral Therapy. Dr. Flowers is also committed to integrating cultural adaptations of evidence-based treatments for PTSD (particularly for African Americans) and assessing health behaviors that negatively affect PTSD symptoms (e.g., poor adherence with C-PAP for sleep apnea).

**DEBRA GEISEL, Psy.D. – Supervisor, Women Veterans Focus** – (Clinical Psychology, Georgia School of Professional Psychology, 2014) is a Primary Care/Mental Health Integration (PCMHI) psychologist in the Women's Wellness clinic. She provides initial mental health screenings, brief individual and group therapy, and provides consultative services within a team focused on women's health issues. Her professional interests include working with women veterans, trauma, grief, reproductive health, and supervision and training. Dr. Geisel completed her doctoral internship and postdoctoral residency at the Atlanta VAHCS. She is the Women's Mental Health Champion for the Atlanta VAHCS and a former Board member of the Georgia Psychological Association. She served as the Acting Assistant Director of Training for the Postdoctoral Residency program from August 2020 to February 2021.

**MIRIAM H. HANCOCK, Ph.D. - Supervisor, General Mental Health Focus** – (Clinical Psychologist, University of Memphis, 2007) is a psychologist on the Trauma, Stress, and Anxiety Team at the Atlanta VA General Mental Health Clinic. She also serves as Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine. She has worked as a psychologist for the VA since 2008 and spent the first 7 years in PTSD clinics before shifting to GMH. She served on the APA psychology internship training committees in her previous VAs as well. Her theoretical orientation is Integrative with an emphasis on evidence-based processes, and she provides PE, CPT, ACT and Mindfulness Training, and time-limited Integrative therapy tailored to clinical indications and SMART goals. She has completed VA rollouts in PE and CPT and VA CALM (Mindfulness) and has several years of experience supervising psychology trainees in these EBPs. She also completed a 2-year Mindfulness Meditation Teacher Certification Program with Jack Kornfield and Tara Brach through UC Berkley. She has been teaching Mindfulness to veterans since 2010 and has a long-standing meditation practice including multiple silent meditation retreats. She is passionate about program development and evaluation within GMH. Her general clinical and research interests include Mindfulness and Compassion training and PTSD treatment.

**CARLY HANKS, Ph.D. – Supervisor, General Mental Health Focus (VAMC); Postdoc Seminar Coordinator** - (Clinical Psychology, Palo Alto University, 2018) is a Clinical Psychologist at Atlanta VA Health Care System's General Mental Health Clinic located at the main hospital. She provides individual and group psychotherapy for veterans with a wide range of clinical disorders and provides evidence-

based interventions for veteran diagnosed with mood disorders. Dr. Hanks is also the team lead for the Continuity of Care Team which coordinates and provides bridge care for veterans discharging from acute care. In addition to her work with the VA, Dr. Hanks is the chair of the Sexual and Gender Diversity Committee through the Georgia Psychological Association (GPA) and specializes in working with gender diverse individuals. Her professional interests include working with complex presentations, HIV+ clients, multiculturalism, individuals presenting with a LGBTQ focus, and supervision and training. Dr. Hanks is also coordinator of the postdoctoral resident seminar.

**RAEGAN HANLON, Psy.D. – Supervisor, Health Psychology – Psycho-oncology** – (Clinical Psychology, Xavier University, 2006) Dr. Raegan Hanlon completed her doctorate in psychology at Xavier University in 2006. She served 13 years as a staff psychologist and working as part a multidisciplinary team on the Hospice and Palliative Unit at the Miami VAMC. There, she was devoted to treating veterans and helping them live fully until they reached the end of their life, while simultaneously offering emotional support to their family. Dr. Hanlon had an active role in developing and enhancing the Bereavement Initiative at the Miami VA and was active at the VISN level as well. Dr. Hanlon also helped to establish and build the psycho-oncology program at the Miami VA. She transferred to the Atlanta VA in August 2020, joining the health psychology team. Her primary responsibilities include developing/enhancing the psycho-oncology program, participating in pain focused psychotherapies, and offering behavioral interventions to Veterans living with chronic illness. Dr. Hanlon is also involved in supervision and training.

**RACHEL HEATHERLY, Ph.D. – Supervisor, Health Psychology – Sexual Health Counseling** – (Counseling Psychology, University of Florida, 2019) is a psychologist specializing in the treatment of sexual dysfunction on the Health Psychology team. She is also a member of the Diversity Education Committee for Psychology Training (DEC-PT) and co-founder of the Early Career Psychologist professional development group. As a member of the Health Psychology team, Dr. Heatherly provides assessment and treatment for issues related to sexual functioning, chronic pain, adjustment to chronic illness or other medical diagnosis, and mental health transplant evaluations. In addition to health psychology, her clinical interests include multiculturalism, sex positive health care, individuals presenting with a LGBTQ focus, and supervision and training. Dr. Heatherly received her Ph.D. from the University of Florida, completed her internship at the Charles George VA Medical Center in Asheville, NC, and completed her postdoctoral fellowship at the Atlanta VA, with a focus in health psychology. She joined the staff of the Atlanta VA Health Psychology team in 2019.

**EMILY B. JACKSON, Ph.D. – PCT and DBT Rotation Supervisor** - (Counseling Psychology, University of Georgia, 2008) is a clinical psychologist working within the PTSD Clinical Team and DBT programs. She specifically works with veterans who have experienced military sexual trauma. Her clinical duties include conducting psychodiagnostic assessments and providing intensive trauma-focused treatment within individual and group settings. As an Adjunct Assistant Professor at Emory University, she provides supervision for the Grady Nia DBT Groups. Her professional interests include PTSD, women's issues, personality disorders, evidence-based treatments, and supervision.

**MIKE MARTIN, Ph.D. – Psychology Executive** – (Counseling Psychology, Auburn University, 1999) serves as Psychology Executive for the Atlanta VA Health Care System. His interests include administration and leadership, clinical supervision, Primary Care/Mental Health Integration, telehealth, ethics, neuropsychology, and psychological adjustment to trauma and disability. He provides group supervision, individual supervision, didactic presentations, and testing supervision to psychology trainees.

**MARGARET (MEG) A. MARTINEZ, Ph.D.- Supervisor, GMH Rotation** - (Clinical Psychology, Emory University, 2017) – is a psychologist on the Trauma, Stress, and Anxiety Track at the Atlanta VA Medical Center and is the Team Lead for the Skills and Recovery Track in GMH Alpha. She also serves as an Adjunct Professor in the Emory University Department of Psychology, her alma mater. She has worked as full-time psychologist for the VA since 2020. Prior to that, she was the Clinical Director for a inpatient/residential facility for children/adolescents/young adults with primary eating disorders. She identifies as a behavioral and cognitive psychologist who is committed to expanding the reach of

evidence-based treatments within GMH. She has training in CBTs, including DBT, and pulls heavily from ACT and other third-wave CBTs. Her areas of clinical and research interest include the treatment of complex PTSD, BPD, and eating disorders. She is an advocate and ally for Veterans with diverse identities and attempts whenever possible to leverage her power as a psychologist to affect social change and promote equity in all forms.

**HANNAH MARTYN, Ph.D. – Supervisor, Health Psychology – Pain** – (Clinical Psychology, Northern Illinois University, 2019) is a Clinical Psychologist at Atlanta VA Health Care System's Health Psychology Team. Clinically, Dr. Martyn serves as the primary pain psychologist for the Atlanta VA Health Care System. She provides interventions for the management of chronic pain and its impact on quality of life using psychoeducation, CBT and Acceptance and Commitment based strategies. Dr. Martyn also serves as the coordinator of the intern general seminar series. Her professional interests outside of health psychology include obsessive-compulsive disorder, women's reproductive mental health, and supervision and training. Dr. Martyn is a former Atlanta VA intern and postdoctoral resident.

**MEGHNA PATEL, Ph.D., ABPP – Supervisor, Women Veterans Focus (MST/DBT Team)** (Clinical Psychology, University of Missouri-St. Louis, 2009) is a clinical psychologist and Deputy Chief of Mental Health for the Atlanta VA Health Care System. She previously served as Clinical Director for the MST/DBT team of the Trauma Recovery Program. Her clinical duties include conducting psychodiagnostic assessments and providing intensive trauma-focused treatment and DBT within individual and group settings. She is also actively involved in research aimed at assessing the effectiveness of various treatment interventions for military sexual trauma. As an Adjunct Assistant Professor at Emory University, she provides supervision for psychiatry residents and assists in grant preparation. Her professional interests include PTSD, women's issues, evaluating effectiveness of evidence-based treatments, supervision and training.

**SHARON R. SHATIL, Ph.D. – Supervisor, Health Psychology - Behavioral Sleep Medicine** – (Clinical Psychology, Marquette University, 2012) is a Clinical psychologist in the Sleep Medicine Clinic and part-time in the Whole Health for Life Clinic. In Behavioral Sleep Medicine, she provides assessment and treatment of problems such as insomnia disorder, nightmare disorder, CPAP non- or under-use, circadian rhythm sleep wake disorder, and adjustment to narcolepsy. She is currently an active member of the Diversity Education Committee for Psychology Training and is a former Secretary of the DEC-PT and a former Co-Chair of the Multicultural Lunch & Learn series. She is a consultant for the National VA EBP training program for individual and group CBT-i. Dr. Shatil completed her internship and residency at the Atlanta VAMC. As an Assistant Professor in the Department of Psychiatry and Behavioral Sciences at Emory University School of Medicine, she provides training in Behavioral Sleep Medicine to medical residents and fellows. She served as the Acting Assistant Director of Training for the Postdoctoral Residency program from March to August 2021. Her professional interests, other than health psychology, include mindfulness and compassion, multiculturalism, the very broad area of trauma, and supervision and training.

**DEAUNA V. SHAURI-WEBB, Psy.D. – Supervision-of-Supervision Facilitator** – (Clinical Psychology, Georgia School of Professional Psychology, 2011) is a clinical psychologist within the General Mental Health Clinic. She conducts individual and group psychotherapy with veterans within the Trauma/Stress/Anxiety (TSA) track and provides evidence-based interventions for veterans diagnosed with PTSD. She holds the position of LGBTQ+ Veteran Care Coordinator for the hospital where she serves as a point-of-contact for LGBTQ+ veterans as well as a training and consultation resource for providers. Her clinical interests include working with abandonment and self-worth issues, diversity and multiculturalism, trauma and anxiety disorders, interpersonal therapies, and individuals presenting with an LGBTQ+ focus. Dr. Shauri-Webb facilitates a supervision-of-supervision group for the postdoctoral residents, supervises interns on the Diversity Rotation, and has previously co-facilitated the Diversity Seminar for the psychology interns. In addition to her work within the VA, she is the past chair of the Gender and Sexual Diversity Committee through the Georgia Psychological Association (GPA) and served on the Board of Directors, the Social Justice Task Force, and the Continuing Education

Committee within the organization. Dr. Shauri-Webb owns a private practice where she sees individual clients focusing on abandonment and diversity issues and she conducts speaking engagements on topics related to diversity.